

# PRESS RELEASE

January 3, 2003

**RE: UNITED STATES v. MARK NEPOKROEFF**

United States Attorney Michael A. Battle announced today that MARK NEPOKROEFF, age 45, a resident of Pendleton, New York, pled guilty in federal court, before the Hon. William M. Skretny, to one count of health care fraud, in violation of Title 18, United States Code, Section 1347, which carries a maximum penalty of 10 years imprisonment, a fine of \$250,000.00, or both.

According to Assistant U.S. Attorney John E. Rogowski, who handled the prosecution of the case against NEPOKROEFF, the defendant, who practiced medicine in the Western New York area, admitted that he obtained his medical license from the State of New York by fraud. In order to obtain a licence to practice medicine from the State of New York, an applicant must be a graduate of an approved medical school program. In pleading guilty, NEPOKROEFF stated that he attended the medical program at the Universidad del Noreste - Tampico, Mexico, for only three years of the four year program and never graduated from that or any other medical school program. NEPOKROEFF conceded that he submitted a fraudulent transcript and bogus diploma in support of his application for New York State Medical license. In his application, the defendant claimed he had successfully completed medical school and had graduated from Universidad del Noreste. In reliance on the information provided by NEPOKROEFF, New York State issued NEPOKROEFF a medical license in June of 1992.

At the plea hearing, NEPOKROEFF acknowledged that he obtained "provider numbers" from various insurance companies and benefit programs, including the government funded Medicare program, by falsely claiming to be a duly licensed physician who had graduated from medical school. The provider numbers enabled the defendant to submit claims for payment to the insurance companies and benefit programs for physician-rendered service to patients. According to Assistant U.S. Attorney Rogowski, the defendant received payments totaling approximately \$233,000 from the insurance companies and benefit plans as a result of his scheme.

The conviction was the culmination of an investigation conducted by the Western New York Health Care Fraud Task Force consisting of agents from the Federal Bureau of Investigation, Internal Revenue Service - Criminal Investigation Division, United States Department of Health and Human Services - Office of Inspector General, United States Postal Inspection Service, and United States Department of Defense - Criminal Investigation Service.

Sentencing in this case is scheduled for April 14, 2003, before District Judge Skretny.

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